

Staple Issue Slip Here

POSITION	INIT	DATE
CLASSIFIER	3	9-14-90
EXAMINER	DXD	9-22-90
VERIFIER	297	10-5
TYPIST	1085	9-14
CORPS CORR.		
SPEC. HAND.		
FILE MAINT.		

BEST AVAILABLE COPY

## INDEX OF CLAIMS

Claim	Date	
Final	Original	
12	08	
93	21	
90	91	
1	19	21
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SYMBOLS

- ✓ ..... Rejected
- = ..... Allowed
- (Through numeral) ..... Canceled
- + ..... Restricted
- N ..... Non-deducted
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date	
Final	Original	
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